

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

CareFirst BlueCross BlueShield Associates' Federal PAC

ADDRESS (number and street) ▼

10455 Mill Run Circle

☐ Check if different than previously reported. (ACC)

Owings Mill

MD

21117

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00286922

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☒ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jeanne Kennedy

Signature of Treasurer

Jeanne Kennedy

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CareFirst BlueCross BlueShield Associates' Federal PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y 11 / 25 / 2014 To: M M / D D / Y Y Y Y Y 12 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		10012.88
(b) Cash on Hand at Beginning of Reporting Period.....	10251.42	
(c) Total Receipts (from Line 19)	2078.70	27142.14
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	12330.12	37155.02
7. Total Disbursements (from Line 31)	1000.00	25824.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11330.12	11330.12
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CareFirst BlueCross BlueShield Associates' Federal PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	5		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	4

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1497.10	10538.75
(ii) Unitemized	581.60	16603.39
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	2078.70	27142.14
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	2078.70	27142.14
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ►	2078.70	27142.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2078.70	27142.14

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	10000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	10000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	5824.90
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1000.00	25824.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	25824.90

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2078.70	27142.14
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2078.70	27142.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: F3XA

Transaction ID :

Corrected cash on hand for discrepancy found on FEC letter dated 3/1/2015.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. Aliza Rothenberg

Mailing Address 3413 Deep Willow Avenue

City
Baltimore

State
MD

Zip Code
21208-3116

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

AVP, MARKET PLNG & ANALYSIS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2014

Transaction ID : 12621191

Amount of Each Receipt this Period

24.00

Full Name (Last, First, Middle Initial)

B. Andrew J Fitzsimmons

Mailing Address 150 Murdock Road

City
Baltimore

State
MD

Zip Code
21212-1748

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

VP, FINANCIAL PLAN & DATA MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2014

Transaction ID : 12621480

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

C. Michele K Wise

Mailing Address 3612 Granite Road

City
Woodstock

State
MD

Zip Code
21163-1010

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

DIRECTOR, OPERATIONS I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2014

Transaction ID : 12621646

Amount of Each Receipt this Period

16.00

SUBTOTAL of Receipts This Page (optional)..... ►

56.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. William W Showman

Mailing Address 2122 Country Fair Lane

City

Sykesville

State

MD

Zip Code

21784-6316

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

DIRECTOR, ACCOUNTING OPERATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2014

Transaction ID : 12621708

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

B. Daniel J Winn

Mailing Address 468 Five Farms Lane

City

Timonium

State

MD

Zip Code

21093-2954

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

AVP & MEDICAL DIRECTOR III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2014

Transaction ID : 12622307

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Wanda H Moore

Mailing Address 5209 Janesdale Court

City

Glenn Dale

State

MD

Zip Code

20769-2307

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

DIRECTOR, CORPORATE TAXATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2014

Transaction ID : 12622497

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

56.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. Jon P Shematek

Mailing Address 1200 Steuart Street
Unit 921

City State Zip Code
Baltimore MD 21230-5385

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

SVP CHIEF MEDICAL OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2014

Transaction ID : 12622844

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Louisa L Tavakoli

Mailing Address 47614 Loweland Terrace

City State Zip Code
Potomac Falls VA 20165-5143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Group Hosp & Med Svcs, Inc

Occupation

VP, Mandates Strategy & Delive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2014

Transaction ID : 12624562

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Melvelyn M Greene

Mailing Address 427 Hamilton Street NW

City State Zip Code
Washington DC 20011-4046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Group Hosp & Med Svcs, Inc

Occupation

MANAGER, FEP ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2014

Transaction ID : 12624880

Amount of Each Receipt this Period

16.00

SUBTOTAL of Receipts This Page (optional)..... ►

56.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 22
(check only one)

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. Theresa M Twohig

Mailing Address 114 Pinewood Rd

City State Zip Code
Elkview WV 25071-9415

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Capital Area Services Co, Inc VP (SUBSIDIARY), CASCI

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2014

Transaction ID : 12625163

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

B. Steven D Suttles

Mailing Address 7257 Conley Street

City State Zip Code
Baltimore MD 21224-1903

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
CareFirst of Maryland, Inc ENGINEER, LD SOFTWARE TESTING

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2014

Transaction ID : 12631852

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

C. Clayton M House

Mailing Address 5221 Bodeaux Cv

City State Zip Code
Ellicott City MD 21043-7086

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
CareFirst of Maryland, Inc ARCHITECT, ENTERPRISE III

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2014

Transaction ID : 12631901

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

52.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. Darlene L Lawrence

Mailing Address 8152 Bell Tower Crossing

City

Pasadena

State

MD

Zip Code

21122-3837

FEC ID number of contributing
federal political committee.

C

Name of Employer

Group Hosp & Med Svcs, Inc

Occupation

AVP, PROF REL&PERF BASED PGMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2014

Transaction ID : 12632075

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Maria H. Tildon

Mailing Address 5616 Cross Country Blvd

City

Baltimore

State

MD

Zip Code

21209-4418

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareFirst BlueCross BlueShield

Occupation

SVP, PUBLIC POLICY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2014

Transaction ID : 15381979

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Brian Wheeler

Mailing Address 225 I St., NE
#114

City

Washington

State

DC

Zip Code

20002-4490

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareFirst BlueCross BlueShield

Occupation

SPEC. ASST TO THE PRES & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.30

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2014

Transaction ID : 16721132

Amount of Each Receipt this Period

17.10

SUBTOTAL of Receipts This Page (optional)..... ►

57.10

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 22
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. Robert Laurenzano

Mailing Address 273 Hickory Ridge Dr.

City State Zip Code
Queenstown MD 21658-1392

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareFirst, Inc.

Occupation

Dental Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2014

Transaction ID : 17052713

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

B. Mr. Chester Burrell

Mailing Address 3023 O Street

City State Zip Code
Washington DC 20007-3108

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareFirst, Inc.

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2014

Transaction ID : 17272273

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Steven Margolis

Mailing Address 6749 Cortina Dr

City State Zip Code
Highland MD 20777-9501

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareFirst, Inc.

Occupation

Senior Vice President, ASU Small - Med

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2014

Transaction ID : 17347747

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

236.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. Edwin Goodlander

Mailing Address 102 Oakdale Road

City
Baltimore

State
MD

Zip Code
21210-2560

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareFirst BlueCross BlueShield

Occupation

COUNSEL, ASSISTANT GENERAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2014

Transaction ID : 17370602

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

B. Mr. Fred Plumb

Mailing Address 8207 Mount Vernon Highway

City
Alexandria

State
VA

Zip Code
22309-1915

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareFirst BlueCross BlueShield

Occupation

SVP ASU - FEP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2014

Transaction ID : 19341029

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Mrs. Deborah Rivkin

Mailing Address 841 Sand Cherry Lane

City
Laurel

State
MD

Zip Code
20723

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareFirst BlueCross BlueShield

Occupation

VP GOVERNMENT AFFAIRS MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2014

Transaction ID : 19372124

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

236.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 22
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. Mr. Randolph Sergent

Mailing Address 2513 Holly Springs Ct.

City State Zip Code
 Ellicott City MD 21043-1968

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CareFirst BlueCross BlueShield

Occupation
 Assistant General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2014

Transaction ID : 19474609

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

B. Mr. Kenny Kan

Mailing Address 12823 MacBeth Farm Lane

City State Zip Code
 Clarksville MD 21029-1556

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CareFirst BlueCross BlueShield

Occupation
 CHIEF ACTUARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2014

Transaction ID : 19474610

Amount of Each Receipt this Period

32.00

Full Name (Last, First, Middle Initial)

C. Jenene L Williams

Mailing Address 5007 Ashman's Hope

City State Zip Code
 Baltimore MD 21207-6574

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareFirst, Inc.

Occupation
 DIRECTOR, EXTERNAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2014

Transaction ID : 19896102

Amount of Each Receipt this Period

16.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

64.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. Frank Ammerman

Mailing Address 13785 Blythedale Dr

City

Mount Airy

State

MD

Zip Code

21771-5849

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2014

Transaction ID : 20789726

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

B. Kenneth Sullivan

Mailing Address 777 Oakwilde Way

City

Millersville

State

MD

Zip Code

21108-1417

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2014

Transaction ID : 20789729

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

C. Deepak Suri

Mailing Address 5903 Distant Bugles Ct.

City

Clarksville

State

MD

Zip Code

21029-1693

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Vice President, Corp Sys/ Enterprise P

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2014

Transaction ID : 20789731

Amount of Each Receipt this Period

16.00

SUBTOTAL of Receipts This Page (optional)..... ►

48.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 22
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. Ms. Dawn Audia

Mailing Address 12113 Blue Flag Way

City State Zip Code
Columbia MD 21044-2753

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst BlueCross BlueShield

Occupation
Vice President, Underwriting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2014

Transaction ID : 20857849

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

B. Mr. William Byrd

Mailing Address 36 Carrollton Road

City State Zip Code
Sterling VA 20165-5627

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2014

Transaction ID : 20857850

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

C. Mr. Vincent Sobocinski

Mailing Address 1418 Reiner Rd

City State Zip Code
Norristown PA 19403-3842

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
ice President, CAREFIRST ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2014

Transaction ID : 21068974

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

52.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. Mark Marciante

Mailing Address 1102 Johnsville Road

City

Eldersburg

State

MD

Zip Code

21784-8432

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

ARCHITECT, SOLUTIONS III

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2014

Transaction ID : 21224056

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Paul Rempert

Mailing Address 11420-901 Little Patuxent Pkwy

City

Columbia

State

MD

Zip Code

21044-3771

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carefirst BlueCross BlueShield

Occupation

SPEC, SERVICE COORDINATION SR

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

648.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2014

Transaction ID : 21490802

Amount of Each Receipt this Period

64.00

Full Name (Last, First, Middle Initial)

C. Maire Grant

Mailing Address 433 Academy Road

City

Catonsville

State

MD

Zip Code

21228-1811

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareFirst, Inc.

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2014

Transaction ID : 21540836

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

104.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 22
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. Rita A Costello

Mailing Address 1911 Corbridge Lane

City State Zip Code
Monkton MD 21111-2027

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation
SVP, STRATEGIC MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2014

Transaction ID : PR1262117338874

Amount of Each Receipt this Period

40.00

P/R Deduction (\$12.00 Weekly)

Full Name (Last, First, Middle Initial)

B. Wanda K Oneferu-bey

Mailing Address 1319 Robin Road

City State Zip Code
Pikesville MD 21208-3620

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation
AVP, INDIV SALES, TRNG, DVLPMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1552.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2014

Transaction ID : PR1262121138874

Amount of Each Receipt this Period

200.00

P/R Deduction (\$16.00 Weekly)

Full Name (Last, First, Middle Initial)

C. Jeanne A Kennedy

Mailing Address 4915 Bramhope Lane

City State Zip Code
Ellicott City MD 21043-7410

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation
VP, TREASURY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2014

Transaction ID : PR1262149038874

Amount of Each Receipt this Period

16.00

P/R Deduction (\$8.00 Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

256.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. Meryl D Burgin

Mailing Address 3 Sapphire Hill Ct.

City State Zip Code
 Baltimore MD 21209-1563

FEC ID number of contributing federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

Vice President & DEPUTY GENERAL COUNSI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2014

Transaction ID : PR1262151838874

Amount of Each Receipt this Period

20.00

P/R Deduction (\$2.00 Weekly)

Full Name (Last, First, Middle Initial)

B. Steven J Sanders

Mailing Address 8495 Kings Meade Way

City State Zip Code
 Columbia MD 21046-1269

FEC ID number of contributing federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

MEMBER, SR TECHNICAL STAFF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2014

Transaction ID : PR1262155638874

Amount of Each Receipt this Period

16.00

P/R Deduction (\$8.00 Weekly)

Full Name (Last, First, Middle Initial)

C. William V Stack

Mailing Address 9 Farm Ridge Court

City State Zip Code
 Baldwin MD 21013-9782

FEC ID number of contributing federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

VP, CORPORATE CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2014

Transaction ID : PR1262156138874

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

56.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. Sandra A Dilworth

Mailing Address 3 Tottenham Court

City State Zip Code
Baltimore MD 21234-2013

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

DIRECTOR, NETWORK & DESKTOP SE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2014

Transaction ID : PR1262162738874

Amount of Each Receipt this Period

32.00

P/R Deduction (\$4.00 Weekly)

Full Name (Last, First, Middle Initial)

B. Gregory M Chaney

Mailing Address 16 Fox Creek Court

City State Zip Code
Owings Mills MD 21117-1032

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

EVP, CFO & TREASURER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2014

Transaction ID : PR1262210238874

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Weekly)

Full Name (Last, First, Middle Initial)

C. Michelle J Wright

Mailing Address 151 Longview Drive

City State Zip Code
Baltimore MD 21228-5412

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

SVP, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2014

Transaction ID : PR1262215538874

Amount of Each Receipt this Period

20.00

P/R Deduction (\$8.00 Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

92.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. Michael B Edwards

Mailing Address 142361613 Turks Cap Lily Lane

City State Zip Code
Annapolis MD 21401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Group Hosp & Med Svcs, Inc

Occupation

SVP, NETWORKS MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2014

Transaction ID : PR1262403038874

Amount of Each Receipt this Period

28.00

P/R Deduction (\$10.00 Weekly)

Full Name (Last, First, Middle Initial)

B. Gwendolyn D Skillern

Mailing Address 9925 Middle Mill Dr.

City State Zip Code
Owings Mills MD 21117-6175

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

SVP, AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2014

Transaction ID : PR1262714638874

Amount of Each Receipt this Period

32.00

P/R Deduction (\$12.00 Weekly)

Full Name (Last, First, Middle Initial)

C. Stacey R Breidenstein

Mailing Address 1717 Boggs Rd

City State Zip Code
Forest Hill MD 21050-2511

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

AVP, PROV CONTRACTING&INST REL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2014

Transaction ID : PR1262762638874

Amount of Each Receipt this Period

16.00

P/R Deduction (\$8.00 Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

76.00

1497.10

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. Cummings for Congress

Mailing Address 2901 Druid ParkDrive

City	State	Zip Code
Baltimore	MD	21215

Purpose of Disbursement

011

Candidate Name

Elijah Cummings

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MD District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2014

Transaction ID : 63182299

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

--

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

--

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1000.00

1000.00
